



**TOWN OF BLUFFTON  
HOME OCCUPATION APPLICATION**

Business License  
PO Box 386  
20 Bridge Street  
Bluffton, SC 29910  
phone (843)706-4501  
fax (843)706-4503

**COMPANY INFORMATION**

**BUSINESS NAME:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Address: (if different from mailing address) \_\_\_\_\_

\_\_\_\_\_

Please Describe Type of Business Being Conducted: \_\_\_\_\_

\_\_\_\_\_

Business Hours: \_\_\_\_\_ Do you have employees onsite: Yes \_\_\_\_\_ No \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

**PROPERTY OWNER NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

**Home Occupation approvals are subject to the following conditions:**

1. The home occupation shall be clearly incidental and secondary to the use of any principal and accessory buildings for residential purposes and shall not change the character of the building and site.
2. No signs associated with the Home Occupation are displayed.

***Failure to comply with these conditions could result in revocation of the license.***

***Please sign and date below indicating you have read and understand all statements above.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date